

POSITION	ID NO.	DATE
CLASSIFIER	10	10-6-95
EXAMINER	230	10-10-95
TYPIST	343	10-11-95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final Original	
1 1	3/6/97
2 2	6/6/97
3 3	
4 4	
5 5	
6 6	
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49 49	
50 50	

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final Original	
51 51	3/6/97
52 52	6/6/97
53 53	
54 54	
55 55	
56 56	
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58 58	
59 59	
60 60	
61 61	
62 62	
63 63	
64 64	
65 65	
66 66	
67 67	
68 68	
69 69	✓
70 70	✓
71 71	✓
72 72	✓
73 73	✓
74 74	✓
75 75	✓
76 76	✓
77 77	✓
78 78	✓
79 79	✓
80 80	✓
81 81	✓
82 82	✓
83 83	✓
84 84	✓
85 85	✓
86 86	✓
87 87	✓
88 88	✓
89 89	✓
90 90	✓
91 91	✓
92 92	✓
93 93	✓
94 94	✓
95 95	✓
96 96	✓
97 97	✓
98 98	✓
99 99	✓
100 100	✓

# INDEX OF CLAIMS

Claim		Date						
Final	Original							
101	101	✓						
102	102	✓						
103	103	✓						
104	104	0						
105	105	0						
106	106	✓						
107	107	0						
108	108	✓						
109	109	0						
110	110	0						
111	111	✓						
112	112	0						
113	113	✓						
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115	115	✓						
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118	118	0						
119	119	0						
120	120	0						
121	121	0						
122	122	✓						
123	123	✓						
124	124	0						
125	125	0						
126	126	0						
127	127	✓						
128	128	✓						
129	129	0						
130	130	✓						
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## SYMBOLS

✓	Rejected
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Claim		Date						
Final	Original							
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